

FEMA National US&R Response System
Instructions to Complete the FEMA US&R Exposure Report
Document Number: 306-Ei Version: March 14, 2023 Page 1 of 2



- A. Purpose:** The *FEMA US&R Exposure Report* is a document used record personal exposures during a US&R Deployment and Sanctioned Training / Exercises. The form should be retained by the individual reporting the exposure, and also by their Sponsoring Agency. A best practice would be to maintain electronic copies. The *FEMA US&R Exposure Report* will not be sent to the US&R Branch for record keeping unless specifically instructed. The *FEMA US&R Exposure Report* can be utilized in three different types of situations:
- A-1.** Completed by an individual that may experience an exposure that no other members of their task force experienced.
 - A-2.** Completed for an entire rescue squad that received a similar exposure (during recon, etc.).
 - A-3.** Completed to capture the Post Mission Exposure Report that would be outlined in an incident specific Program Directive issued by the US&R Branch. When used for this purpose, a completed roster of the deployed members shall be attached for documentation.
- B.** For the individuals that complete this form, it would also be a best practice to include the following additional supporting documents (when appropriate) that further explain the exposure:
- B-1.** An ICS-214 that documents when and how the exposure occurred
 - B-2.** Any photographs related to the exposure
 - B-3.** Treatment records of the system member associated with the exposure
 - B-4.** Any FEMA US&R Blue Sheets.
- C. Incident Information:**
- C-1.** Incident Name: The name on the Activation Order (i.e. Puerto Rico Earthquake)
 - C-2.** Incident Location: The location of where the exposure took place (i.e. San Juan, Puerto Rico)
 - C-3.** Deployment Dates: The total dates of the activation. Box 2A will be the time and date the exposure took place.
- D. Section 1: Details of Person Completing This Form (Complete all appropriate information)**
- D-1. Box 1A:** This is the full name of the system member (Last, First, Middle initial)
 - D-2. Box 1B:** The System Member's Task Force (XX-TFX)
 - D-3. Box 1C:** The System Member's Preferred Contact Phone Number
 - D-4. Box 1D:** The name of the System Member's US&R Supervisor on the Task Force during the deployment.
 - D-5. Box 1E:** Task Force Leader
 - D-6. Box 1F:** Task Force Safety Officer
 - D-7. Box 1G:** US&R Position of the member on their task force when the exposure occurred
 - D-8. Box 1H:** Agency the member works for is they are not on a task force (USACE, ESF #13, etc.)
 - D-9. Box 1I:** Date of Birth (MM/DD/YYYY)
 - D-10. Box 1J:** If the exposure happened to member of the IST, what was their position
 - D-11. Box 1K:** Who was assigned as the IST Leader when the exposure occurred
 - D-12. Box 1L:** Who was assigned as the IST Safety Officer when the exposure occurred



E. Section 2. Exposure Details

- E-1. Box 2A: Time and Date of Exposure(s)** – If and individual exposure occurred, put the date and time of occurrence. If this report is documenting an end of mission reporting of exposure (i.e., full task force), then use the dates of the deployment.
- E-2. Box 2B: Primary Activity** – Check the box that corresponds to the type of activity the member was doing when the exposure occurred.
- E-3. Box 2C: Area Exposed** – Check all boxes that correspond to the body part that was exposed
- E-4. Box 2D: Exposed To** – Check all boxes that correspond to what the system member was exposed to
- E-5. Box 2E: Symptoms** – Check all boxes that correspond to the symptoms the system member exhibited after the exposure.
- E-6. Box 2F: PPE Utilized** – Check all boxes for the PPE that the system member was utilizing when the exposure occurred.
- E-7. Box 2G: Summary of Exposure(s)** - This space is used to provide as much detail about the circumstance surrounding the exposure, including what led to the exposure and the and other details that are not contained elsewhere in the report. If more space is needed, please input “See Attachment”, and submit it with the report.
- E-8.** For Post Medical Program Directive Exposure Reporting, use the language provided to include any appropriate additional information.
- E-9. Box 2H: Describe “Others” if Checked Above in Sections B, C, D, E, or F** – use this box to provide additional details as necessary based on the “other” boxes above and reference them in the notes. As stated above, if more space is needed, please input “See Attachment”, and submit it with the report.
- E-10. Signatures:** This form should be signed by all of the appropriate personnel based on the nature of the exposure. The Safety Officer is responsible for obtaining signatures (TF and IST) at their respective levels.

Recordkeeping: A signed copy is retained by the System member who was exposed and the respective TF or IST Plans Section for incident documentation. The signed US&R 306-E shall be submitted to the System Member’s Sponsoring Agency for permanent recordkeeping. Program Directives will be issued providing specific instructions if the signed US&R 306-E is to be submitted to the FEMA US&R Branch.

Questions related to this form should be sent to the US&R Branch at fema-usr@fema.dhs.gov